MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY KENT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON; LENGTH OF STAY (In this place) 15 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
STREET ADDRESS (If rural, give location) MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) BRICE (Last) ARMENT

4. DATE OF DEATH: (Month) AUG. (Day) 16 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 3, 1938

9. AGE last birthday: 15 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVALID

10b. KIND OF BUSINESS OR INDUSTRY: INVALID

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORRIS LARKIN ARMENT

14. MOTHER'S MAIDEN NAME: NETTIE M. URIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: NORRIS L. ARMENT BETTERTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

454X

Immediate cause (a) Thrombosis of Carotid artery

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis — 15 yrs.

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Aug 16, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. ADDRESS Still Pond Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF AUG. 19, 1953 — NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY — LOCATION (City, town, or county) STILL POND, MD. (State) MD. 1953

DATE REC'D BY LOCAL REG. 8-18-53 — REGISTRAR'S SIGNATURE Katherine Jones

24. FUNERAL DIRECTOR B. R. FELLOWS — ADDRESS STILL POND, MD.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08124

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-2

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 3/ | LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns 20 Two days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 3/
STREET ADDRESS (If rural, give location) 105 College Avenue

3. NAME OF DECEASED (Type or Print): (First) Kathryn (Middle) (Last) Brown

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1886

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): don't know 99

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 2

16. SOCIAL SECURITY NO.: don't know

17. INFORMANT AND ADDRESS: Hospital records & Friends

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	30 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	Several years
	(c)	

331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24, 1953, to 8-25, 1953, that I last saw the deceased alive on 8-25, 1953 and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. C. Dick M.D. Chestertown, Md 8-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 27, 1953 | NAME OF CEMETERY OR CREMATORY: Janes (col) Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Aug. 27-1953 | REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. ADDRESS

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN FAIRLEE X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRLEE X
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) — (Last) CLARK

4. DATE OF DEATH: (Month) AUG (Day) 25 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 14, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER Owner

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S. Born

13. FATHER'S NAME: JAMES EDWARD CLARK

14. MOTHER'S MAIDEN NAME: AMANDA Urry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: MRS. HARRY CLARK (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0 — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1953, to 8/25, 1953, that I last saw the deceased alive on 8/18, 1953, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Julbrander MD ADDRESS Chestertown DATE SIGNED 8/25/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF Aug. 27, 1953 — NAME OF CEMETERY OR CREMATORY Saint Paul Cem. — LOCATION (City, town, or county) near - Chestertown, Md. — (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 25-1953 — REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown, Md.

RECEIVED
AUG 27 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0812

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X — MARYLAND — LENGTH OF STAY (in this place) LIFE — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) MATHILDA (Last) CROSBY

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-23-1863

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Shaw

14. MOTHER'S MAIDEN NAME: Henrietta Jeffers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: J.W. Crosby : Rock Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	24 hrs
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 6.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F Smith MD — ADDRESS: Rock Hall, Md — DATE SIGNED: Aug 31, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 1 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): Rock Hall Md.

DATE REC'D BY LOCAL REG. Aug 31/53 — REGISTRAR'S SIGNATURE: S. Elwood Bungeke

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

RECEIVED
SEP 4 1953
BUREAU V.

08127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN 31
LENGTH OF STAY (in this place) 11 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 S. COLLEGE AVE X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN 31
STREET ADDRESS (If rural, give location) 115 S. COLLEGE AVE.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) EDGAR (Last) HAGUE
4. DATE OF DEATH (Month) AUG. (Day) 18 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6 OCT. 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATE ROADS COMM.
10b. KIND OF BUSINESS OR INDUSTRY STATE ROADS
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME PERRY W. HAGUE
14. MOTHER'S MAIDEN NAME SUSAN FRENCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-12-5748
17. INFORMANT AND ADDRESS MRS. JOHN HAGUE 115 S. COLLEGE AVE CHESTERTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
177X	Immediate cause	(a) KIDNEY OBSTRUCTION DUE TO MALIG.	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CANCER OF PROSTATE c̄ METASTASES	10 MOS.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2 JAN. 1953
19b. MAJOR FINDINGS OF OPERATION CA OF PROSTATE
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1953, to 8-18, 1953, that I last saw the deceased alive on No, 19....., and that death occurred at 6 00 A.m., from the causes and on the date stated above.

SIGNATURE Raymond M. Atkins (Degree or title) M.D. ADDRESS 115 Spring St. Chestertown, Md. DATE SIGNED 8-18-53

23. FINAL CREMATION REMOVAL (Specify) DATE THEREOF 8-20-53 NAME OF CEMETERY OR CREMATORY Westley Chapel LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. Aug. 18-1953 REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

M

VS. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AM 1 M 1 T

1. PLACE OF DEATH: COUNTY KENT	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN — MARYLAND — LENGTH OF STAY (in this place) 25 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location) 102 QUEEN ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLA	FLORENCE	HICKS	AUG	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	SINGLE	OCT 29, 1884	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED TELEPHONE OPERATOR	BELL TEL. CO.	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HICKS	IDA COOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-10-0268	NORMAN C. HICKS MIDDLETOWN, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism	None
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic heart disease, chronic	Many years
	(c) Auricular fibrillation	6 mos.

411 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-17, 1953, to 8-20, 1953, that I last saw the deceased alive on 8-18, 1953, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Sick	M.D.	Chestertown, Md	8-22-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	AUG. 22, 1953	CHESTER CEMETERY	CHESTERTOWN,	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 22-1953	[illegible]	B.R. FELLOWS	STILL POND, MD.

RECEIVED
AUG 25 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall (Rural) X
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X (Piney Neck Section)
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Graham (Last) Johnson

4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 28, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Radnor, Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Johnson
14. MOTHER'S MAIDEN NAME: Margarette Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓yes (If Yes, give war or dates of service) WW I & WW II
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Emily C. Johnson Rock Hall, Md wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

Immediate cause (a) Aneurism [illegible] aorta — Interval Between Onset And Death several years

DUE TO [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO [illegible]

(c) operated Veterans Hospital Baltimore

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan - 1950
19b. MAJOR FINDINGS OF OPERATION [illegible] aorta
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/ 1951, to 8/18, 1953, that I last saw the deceased alive on 8/15, 1953, and that death occurred at 8 30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) O Kester MD ADDRESS Rock Hall Md. DATE SIGNED Aug 19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 21 1953 NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem. LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Aug 19/53 REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Petroleum

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Robert (Last) Lusby
4. DATE OF DEATH (Month) August (Day) 22 (Year) 1953

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-12-28
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Oil Company
11. BIRTHPLACE (State or foreign country) Kent County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. J. Raymond Lusby
14. MOTHER'S MAIDEN NAME Rachael E. Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 220-28-0033
17. INFORMANT AND ADDRESS J. Raymond Lusby-Kennedyville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X Immediate cause (a) Head wound by .22 calibre target pistol. — INTERVAL BETWEEN ONSET AND DEATH: None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) office
(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Maryland
TIME OF INJURY (Month) 8 (Day) 22 (Year) 53 (Hour) 6:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Robert W. Farr, M.D. (Degree or title) ADDRESS Chestertown, Maryland DATE SIGNED 8-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-26-53
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown Maryland

DATE REC'D BY LOCAL REG. Aug. 26-1953
REGISTRAR'S SIGNATURE Clara S. Barnes,
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1A

RECEIVED
AUG 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENN. COUNTY DELAWARE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORWOODY - C'l
STREET ADDRESS (If rural, give location) 300 SYLVAN AVE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LOUIS (Last) RICKER
4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 8 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: Dec 12 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C.P.A
10b. KIND OF BUSINESS OR INDUSTRY: Accounting
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Ricker
14. MOTHER'S MAIDEN NAME: LOUISA KISSLING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MRS. ANNA RICKER (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 hours (from history)

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1953, to 8-8, 1953, that I last saw the deceased alive on 8-8, 1953 and that death occurred at 9 15 P.m., from the causes and on the date stated above.

SIGNATURE Robert Farr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md DATE SIGNED 8-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8/12/53 NAME OF CEMETERY OR CREMATORY Arlington Cemetery LOCATION (City, town, or county) Drexel Hill, Pa. (State)

DATE REC'D BY LOCAL REG. Aug. 9-1953 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8-51

RECEIVED
AUG 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILADELPHIA
STREET ADDRESS (If rural, give location) 1664 HARRISON, ST.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) C. (Last) ROSE
4. DATE OF DEATH (Month) AUGUST (Day) 28 (Year) 1953

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH April 17, 1916
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY UNDERTAKER
11. BIRTHPLACE (State or foreign country) PHILIDELPHIA, PA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME SAMUEL ROSE
14. MOTHER'S MAIDEN NAME MARTHA COOEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH 48 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 28, 1953, and that death occurred at 6 40 p.m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith (Degree or title) MD ADDRESS Rock Hall, Md. DATE SIGNED Aug 28, 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 1 1953
NAME OF CEMETERY OR CREMATORY Phila. Pa.
LOCATION (City, town, or county) (State) Philadelphia Pa.

DATE REC'D BY LOCAL REG. Aug 29-1953
REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR [illegible] - Chestertown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

T

RECEIVED
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 31 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Simms

4. DATE OF DEATH (Month) Aug (Day) 1st (Year) 1953

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 2-13-1878 | 9. AGE last birthday 75 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Kent Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oscar W. Simms | 14. MOTHER'S MAIDEN NAME Harriett Crannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 218-14-2550 | 17. INFORMANT AND ADDRESS Wm. L. Simms Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: several years

023X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular syphillis — many years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1952, to Aug 1, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE Willard F Smith (Degree or title) MD | ADDRESS Rock Hall, Md | DATE SIGNED Aug 3, 53

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF Aug 3rd 1953 | NAME OF CEMETERY OR CREMATORY Chestertown | LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REG. Aug. 3-1953 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

RECEIVED
AUG 5 1953
BUREAU V. S.

08134

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 31 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Ann 20 Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairlee X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Perry (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Dec. 24 1875
9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairlee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Federick Wallace
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

612 X

Immediate cause (a) Uremia — 2 days?

DUE TO

Antecedent cause(s) (b) Prostatic obstruction — 2 days?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-5-53
19b. MAJOR FINDINGS OF OPERATION: Distended bladder
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5, 1953 to 8-6, 1953 that I last saw the deceased alive on 8-6, 1953, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] — (DEGREE OR TITLE) M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 8-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 12 1953 — NAME OF CEMETERY OR CREMATORY: Mt Pleasant — LOCATION (City, town, or county): Fairlee — (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 11-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes — 24. FUNERAL DIRECTOR: J.B. Johnson — ADDRESS: Annapolis & Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5 8-51

RECEIVED
AUG 13 1953
BUREAU V. S.